				ILIC	HEALTH AND WE	~ ^ 7 ~ 7				スクコ	8	12.	<u> </u>	STATE FILE N	UMBER
ITE UB	Ą	MENDED	• 1	Re	eistration District No.	N 2 0 196	Prima	ary Registr	ration Distr	ict No. 302	Registrar's N	10. 100			
				1.	PLACE OF DEATH		•				2. USUAL RESID	ENCE (Where	deceased live	ed. If institution:	Residence be
	ا ھا	11			e. COUNTY	Jast	oer				a STATE MA	ssouri b	COUNTY	Barton	: admission
9			1		b. CITY (If outside cor			HIP only)	Len	gth of stay in 1b	c. CITY	<u>. mvaa.</u>		Day COLL	Inside Lim
ļ	DATE AMENDED				OR TOWN	Car thage	-		İ		OR TOWN	T amos			Yes ₽ No
ا يہ د	3	- 1 1			- FILL NAME OF HE	NOT in bosnital	give labori	od) 9.	12	Inside Limits	II	Lamar	(If cutside.	give location)	Reside on I
-4	Щ				HOSPITAL OR INSTITUTION MAT	··· Ftto 1	N	74 Ta	ucon	Yest∏ No □	d. STREET ADDRESS	007 B			Yes □ N
0	M	-]			Maintonon Met	y acca i	MUL SIL	и пол	<u> </u>	140 []	11	203 Ka	st 10th	ı St.	102 🗀 14
7	\Box	11	7	3.	NAME OF DECEASED	Firs	it	_	Midd	e .	Last	4. DATE	Ma	onth Day	Yea
					(Type or print)	DOTTO	T A C			TEP	MYTNO	OF DEATH	Tone	. 13	1963
		-		_	SEX	DOUGI 6. COLOR OR		7. Marr	ind 🗆	Never Married	NKINS 8. DATE OF BIRT	ú 9. AGE∀	Juz est birthday)		
		-		э.	2EV	a. COLOR OR	KACE		wed □	Divorced		<u>"</u> "	<u> </u>	Months Days	
				-10	M	700 - 110 - 4 - 5		10L PINE	N OF BUSI	NESS OR INDUSTR	7-31-188		75	12. CITIZEN OF	I I
	1 1			108	i. USUAL OCCUPATION (during most of working						* !			1	
— ≩	.				during most of working Miner R	let.	· · · ·		oal M		Cherokee	County	, Kans.	. U. S.	
FOLLOW -				13a	. FATHER'S NAME			[-1:	3b. MOTHE	R'S MAIDEN NAM	IE.	14	NAME OF	HUSBAND OR WIF	Ε,
— ₽	4 1	- 1 1			John Je					Unknown					
	يو		15.	WAS DECEASED EVER	IN U.S. ARMED	FORCES?		4 COCIA	SECTIOITY NO	17. INFORMANT	-		Address		
¥		- 1 1	-	(Ye	ns, no, ar unknown) (if	yes, give war or	clates of s	ierv:			Mr. Gor	don Boy	er, Lar	nar, Mo.	
S HA	.	- 1 1	ı⊨ı	$\overline{}$	18. CAUSE OF DEATH	(Enter only one	cause per:	line for (a), (b), and	(c).	0	0.0			NTERVAL BET
		- 1 1	鱼		PARI II			/ 2/	rtes	ioscler	tic Ki	eart X	ر و و م	-e 12	INSET AND D
S S	尚	- 1-1	3		•	IMMEDIATE	CAUSE (a)	·			<u> </u>			- 	
<u> </u> ႘ၟ		- 1 1	DOCUMEN												
— <u> </u> <u> </u>		- 1 1			Condition	ns, if any,] ave rise to	DUE TO (b)	`							
A				- 1											
<u>0</u>	2			.	above c	ause (a); }									
A		$\dashv +$			above co stating the lying ca	tause (a); he under- ause last.	DUE-TO (c								
O Z L TESE			-	<u> </u>	above co stating the lying ca	tause (a); he under- ause last.			s control	ENTING TO PEAT	(H (but) hot related	to Anni termin	PART,	iii. If deceased	
O NO				ATION	above co stating the lying ca	tause (a); he under- ause last.			S CONTR	BUTING TO BEAT	IH (buty hot related	to the termin	PART.	there a pregn	ancy in last 9
S ON THIS			-	FICATION	above constaining the lying ca	cause (a); the under- ause last. OTHER SIGNII disease conditi	FICANT CO	PARTI	ہنے ہٰ	Glener	al Deli	illy	: 1	there a pregn	No U
S ON THIS				RTIFICATION	above constaining the lying ca	OTHER SIGNII disease conditi	FICANT CO	PARTI	ہنے ہٰ	Glener	TH COUNTY POT FOLIATED	illy	: 1	there a pregn	No U
S ON THIS			-	L CERTIFICATION	above constating the lying ca	cause (a); the under- ause last. OTHER SIGNII disease conditi	FICANT CO	PART) (ہنے ہٰ	Glener	al Deli	illy	: 1	there a pregn	No U
ENDMENTS ON THIS					above control of the	couse (a); he under- ause last. OTHER SIGNII disease conditi	SUICIDE	PARTI	ہنے ہٰ	Glener	al Deli	illy	: 1	there a pregn	No U
ENDMENTS ON THIS				IEDICAL CERTIFICATION	above constanting the light of	couse (a); he under- house last. OTHER SIGNII disease conditi	SUICIDE	PARTI	ہنے ہٰ	MARIE HO	WINJURY OCCURR	ED. (Enter Natu	re of injury is	there a pregn	No U
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AMENDMENTS ON THIS					above constanting can be starting to starting can be started as the started a	OTHER SIGNII disease conditi 20a. ACCIDENT	SUICIDE Year Oe. PLACE	PARTI (ZÍDE :	OF about home;	WINJURY OCCURR	ED. (Enter Natu	re of injury is	here's pregn	No U
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AMENDMENTS ON THIS					above constanting can be starting to starting can be started as the started a	OTHER SIGNII disease conditi 20a. ACCIDENT Month, Day,	SUICIDE Year Oe. PLACE	PARTI (21DE :	or about home, bldg., etc.)	201. CITY; TOWN,	ED. (Enter letu OR LOCATION	er alive on	rhere a pregn	No UIII of item 18.)
AMENDMENTS ON THIS	READ				above containing the lying call part in the l	OTHER SIGNII disease condition Month, Day,	SUICIDE Year Oe. PLACE	PARTI (21DE :	or about home, bldg., etc.)	WINJURY OCCURR	ED. (Enter letu OR LOCATION	er alive on	rhere a pregn	No Utili of item 18.)
AMENDMENTS ON THIS	READ		- ·		above containing the light of t	OTHER SIGNII disease condition Month, Day,	SUICIDE Year Oe. PLACE	OF INJUR	21DE :	or about home, bldg., etc.)	20f. CITY: TOWN, one date stated above 22b. ADDRESS	ED. (Enter Jatu	er alive on	rhere a pregn	No Utili of item 18.)
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AMENDMENTS ON THIS	SHOULD READ		BY AFFIDAVIT OF	23s	above containing the stating the stating the stating the stating the state of the s	OTHER SIGNII disease condition with the underland of the	SUICIDE SUICIDE Veer De. PLACE farm, fr	OF INJURACTORY, STA	Y (e.g., in set, office NAME OF Lake	or about home, bidg., etc.) to m on the CEMETERY OR CR.	20f. CITY; TOWN, 14-63 The date stated above 22b. ADDRESS 5/0 S Mail	OR LOCATION and last saw has and to the because the company of th	er alive on the state of my known on (City, tow	COUNTY COUNTY COUNTY COUNTY COUNTY	No UIII of item 18.

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STATEMENT BY LICENSED EMBALMER

I her	eby certify that the	body whose na	me is rec	corded on the reverse side of this certificate was embalmed by me				
or by		·	•					
working und	er my personal supe	ervision.						
Student				Signed Garage St. Chales				
,	Signature of Stud	dent Embalmer		31/03				
	•	<u>.</u>	· ·	Licensed Embalmer No. 99979				
				P. O. Address Fanar Mo				

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.